



# Table Of Contents

Health Mission	.1
A Personal Look at Public Health	.2
Special Efforts in Public Health	.4
Responsibility and Services	.6
Office of the State Health Officer	.7
Administrative and Technical Support	.8
Community Health Services	.9
Chronic Illness	.9
Epidemiology	.10
Health Promotion	.10
Immunization	.11
Public Health Statistics	.11
STD/HIV	.12
Tuberculosis	.13
Personal Health Services	.14
Child Health	.14
Home Care Services	.16
Women's Health	.17
Women, Infants, and Children — WIC	.20
Health Regulation	.21
Environmental Health	.21
Licensure	.25
Planning and Resource Development	.28
Report of Activities	.29
Fiscal Affairs	.31
Changes in Law	.32
State Board of Health	.33
Central Office Administrative Staff	.35
Public Health District Staff	.36
County Health Department Directors	.37



**Blank**

# Health Mission

The Mississippi State Department of Health's mission is to promote and protect the health of the citizens of Mississippi.

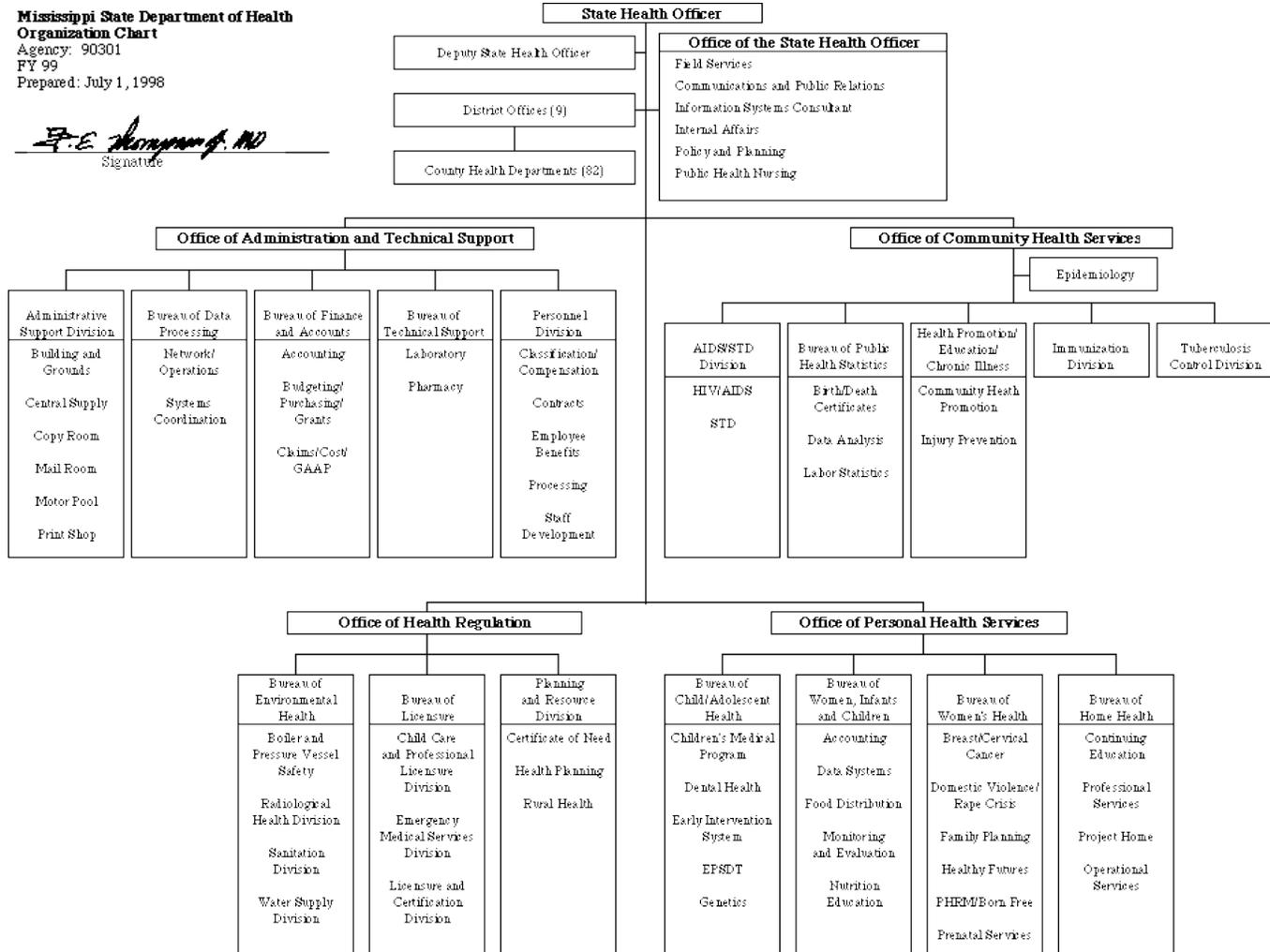
## Vision

The Mississippi State Department of Health strives for excellence in government, cultural competence in carrying out the mission, and to seek local solutions to local problems.

## Value

The Mississippi State Department of Health identifies its values as applied scientific knowledge, teamwork, and customer service.

Figure 1  
Mississippi State Department of Health Organizational Chart



# A Personal Look At Public Health

The first rays of sunlight peek through your bedroom curtains, accompanied by the fresh air of a new day. You breathe deeply and enjoy the clean Mississippi air that public health protects by monitoring radiation levels and developing strategies to keep them low.

Rousing the children, you usher them into the bathroom for their showers. You brush your teeth, knowing the water won't make you sick because safe drinking water is the responsibility of public health.

You check your smile in the mirror. You can't remember your last cavity, thanks in part to the fluoride public health helps add to the water. Through similar programs, public health has always sought to promote good health by preventing disease altogether.

The family clambers to the table just as you finish pouring the milk, which is safe to drink because the State Department of Health checks and monitors it from the dairy to the grocery store.

After breakfast, you call your sister — who is pregnant with her first child — and find out her routine doctor's visit went perfectly. Even in the small town where she lives, your sister can visit a local doctor. Public health recognized the need for doctors in rural areas and helped place one there.

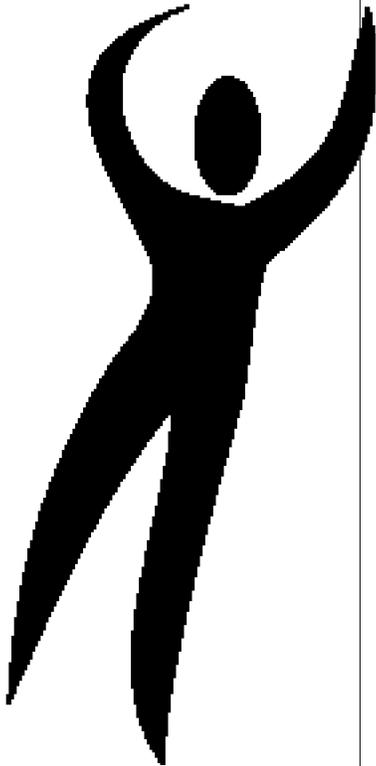
Your sister tells you her doctor suggested she visit the county health department and enroll in the Women, Infants, and Children Program, another public health service that ensures children get the proper nutrition to prevent sickness later in life. In Mississippi, more than 70 percent of all babies get a healthy start with WIC.

You walk outside and guide the children into the car. You buckle their seatbelts without realizing it. Seatbelts have become a habit now, because public health has explained how proper seatbelt use has greatly reduced automobile-related deaths nationwide.

Playmates greet your children at the child care center with yelps of youthful joy. As you watch the children run inside to play, you know they'll stay safe while you're away at work. Public health has licensed the center and made certain the staff knows the proper ways to avoid infectious disease outbreaks that can occur among young children.

And thanks to the immunizations your children have gotten, you know they'll be safe from life-threatening diseases like polio and whooping cough.

In fact, public health has eliminated the deadly smallpox virus worldwide; so your children will never catch it. Maybe your children's children won't have to worry about polio or whooping cough.



You arrive at work and find a flyer for a new exercise program tacked to the bulletin board. You decide to sign up, remembering the public health studies that show you can reduce the risks of chronic disease by staying physically active.

The morning goes well, and you feel good because your company became a smoke-free work place this month. Science shows that tobacco can cause cancer and other ailments in those who use tobacco and among those who breathe second-hand smoke. Public health encourages people and organizations to quit smoking so that all people can live healthier lives.

Walking to a nearby fast food restaurant for lunch, you pass a bike rider with a sleek, colorful helmet, another example a public health message that can influence healthy behaviors. Inside, you order a hamburger and fries.

You notice the food service license signed by the State Health Officer on the wall, and you know the food is sanitary and free of disease-causing organisms. Still, a State Department of Health public service announcement from TV rings in your head, and you make a mental note to order something with a little less cholesterol next time.

You finish your day at work, pick up the kids, and head to the community park to let the children play. You watch the neighborhood children launch a toy sailboat into the park pond, knowing public health protects Mississippi's lakes and streams from dangerous sewage runoff.

At home, your spouse greets you at the door. You sort the mail and discover a letter from your uncle. He's doing fine after his surgery in the hospital and will head back to the nursing home in two days. You know he's getting quality care at both facilities, because public health monitors and licenses them to ensure a commitment to quality standards.

Even the ambulance that transported him to the hospital met public health standards for emergency medical services.

After dinner, you put the children to bed and sit to watch the evening news. The anchor details a new coalition dedicated to preventing breast and cervical cancer. A representative of the State Department of Health issues an open invitation for members from all walks of life. You jot down the telephone number and promise yourself you'll call first thing tomorrow.

As you settle into bed, you decide that public health is more than a point-in-time recognition. Without even realizing it, you'll rely on public health every day for an entire lifetime.

# Special Efforts In Public Health

- **Use For Tobacco Settlement Funds** — In October 1997, the State Board of Health voted unanimously to recommend that funds Mississippi received as the result of settlements with the tobacco industry be used for health improvement of Mississippi citizens. After intensive scientific review and a series of four community forums to solicit comments from consumers — municipal and county officials, voluntary organizations, business leaders, educators, church and youth organizations, and health professionals — the Board re-emphasized its earlier recommendation that tobacco settlement funds be used exclusively for improving health. The Board unanimously agreed to advance three recommendations for use of tobacco settlement funds to the 1999 Legislature: That a Trust Fund be established to direct the expenditures of the tobacco settlement funds, with the interest being dedicated to health and health care. That for FY 2000: Funds (roughly \$10.5 million) be allocated to fully fund the M-CHIP program for all eligible children in Mississippi; and the remaining funds be allocated toward school-age children's health. That the Legislature designate the State Board of Health as the lead agency to develop subsequent annual plans for specific health-related interventions to be submitted to the Legislature as increasing amounts of interest funds become available. In this capacity, the Board would be charged with obtaining appropriate public and provider input, applying appropriate scientific and statistical knowledge, and including ongoing evaluation of programs implemented.

Mississippi has already received \$170 million, plus interest, from the July 2, 1997, settlement with tobacco companies; that money's on deposit with the State Treasury. In addition to that lump sum initial payment of \$170, the tobacco industry agreed to annual payments beginning at \$68 million in FY 1999 and increasing annually over five years before "leveling off" with annual payments of \$135 million continuing in perpetuity. The annual payments are subject to two adjustments: an annual increase of three percent or the Consumer Price Index, whichever is greater, and an annual increase or decrease based on the volume of domestic tobacco sales. Subsequently, an additional \$500 million, payable during the first five years, has been added to the total. Accordingly, during the current FY 1999, Mississippi will receive \$110 million; in FY 2000, \$221 million; in FY 2001, \$230 million; in FY 2002, \$255.5 million; and in 2003, \$183.5 million. In subsequent fiscal years, the state will get \$136 million annually.

Board recommendations do not ask that tobacco settlement funds be appropriated through The Health Department or that the agency have authority to spend the money. The Board continues to emphasize that tobacco settlement funds be used to add to existing spending on health, not to replace current state dollars already being spent on health. Major interventions the Board preliminarily identified as potential areas for future funding include the following: cardiovascular disease prevention (including physical activity and hypertension control); breast and cervical cancer screening and treatment; long-term care; mental health; school health nurses (if demonstrated to be effective); tobacco prevention (post-pilot programs); reduction of infant mortality; diabetes management (especially prevention of complications); and injury prevention.

- **Child Health Insurance Program** — Congress enacted the State Children's Health Insurance Program (CHIP) to create additional opportunities for health insurance coverage. In doing so, the U. S. Health Care Financing Administration (HCFA) allocated approximately \$4.275 billion per year for FFY 1998 through FFY 2001, with similar funding through FFY 2007. Of that amount, approximately \$56 million per year has been allocated to Mississippi, requiring a \$10.6 million per year match. Use of the funds is targeted for non-Medicaid eligible children whose family income is under 200 percent of the Federal Poverty Level (FPL). To be considered for the first year's funding allocation, Mississippi was required to submit a plan no later than June 30, 1998. To develop and submit that plan, the 1998 Legislature via Senate Bill 2174 created a nine-member commission, with the State Health Officer a member. Its charge was to develop a long-range plan for submission to HCFA for the use of CHIP funds in Mississippi. Each state had the option to develop a plan that would expand Medicaid coverage; develop a private insurance plan; or combine portions of both options. For Mississippi's initial short-term plan, the Legislature chose to develop a Medicaid-like plan to expand insurance coverage for 15- to 18-year-olds (currently at 35 percent FPL) up to 100 percent FPL. Annual funding, once locked in with an approved state plan, can be spent over a three-year period.
- **Mississippi Trauma Care System** — Upon the recommendations of the Trauma Care Task Force as presented on December 15, 1997, the 1998 Legislature through House Bill 966 created, through the agency's EMS program, a comprehensive statewide trauma care system. During FY 1999, the Division of EMS (DEMS) will pattern development of the system for hospital-based trauma care on the successful pre-hospital regionalized care system. DEMS will build the infrastructure with limited funding available to the Emergency Medical Services Operating Fund from the increase of fees from \$5 to \$10 assessed on all vehicular moving violations. The Trauma Care Task Force recommended a total annual cost of just under \$8 million; with the EMS Operating Fund generating only about \$2.2 million a year, the agency continues to seek assurance from the Legislature to fund the shortfall with state general funds in FY 2000. Additional funding will be targeted, as anticipated through the Task Force's recommendations, to reimburse hospitals and physicians for uncompensated indigent care. Efforts throughout FY 1998 focused on developing and completing administrative aspects within the Mississippi Regional Trauma Care System so that full operation of the statewide system can begin once additional funding has been identified.
- **Tobacco Policy & Prevention** — During FY 1998, with increasing importance of and need for awareness of tobacco prevention and cessation, the agency created the Division of Tobacco Policy & Prevention within the Office of the State Health Officer. The office serves as the focal point of all tobacco-related funds within the agency. In addition to federal funds for building capacity within the state, anticipated Mississippi tobacco settlement funds will be used in two major areas: to coordinate surveillance and evaluation of youth tobacco use, prevention, and cessation efforts and, secondly, to pilot test a competitive bid placement of approximately 50 school nurses to aid school health services and tobacco prevention and cessation projects on the local level.

# Responsibility And Services

The mission of state and local health agencies is to protect and promote the health of the citizens of Mississippi. Public health services are population-based — services focused on improving the health status of the population rather than the treatment of individuals. Federal public health agencies, the 50 state health departments, and the 3,000 local public health agencies nationwide share responsibility for this mission.

The Mississippi State Department of Health and other public health agencies nationwide balance three core government public health functions. These functions are essential to the maintenance of population-based services:

First, public health agencies assess community health status and whether the community has adequate resources to address the problems that are identified.

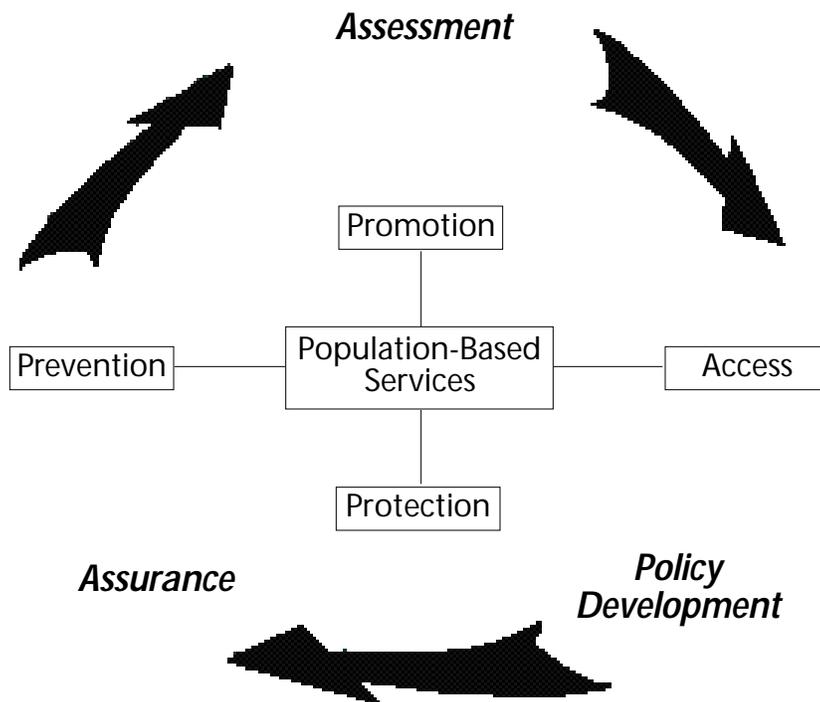
Second, they use the data gathered through assessment to develop health policy and recommend programs to carry out those health policies.

Finally, they assure that necessary, high-quality, effective services are available. This includes a responsibility for quality assurance through licensing and other mechanisms. Assure does not always mean provide. Rather, the government public health agency must see that services are

somehow available to people who need them. Typical providers include private practitioners and non-profit agencies, including community health centers and government public health agencies.

The overall responsibility of the agency's central office is to provide program planning and policy guidance, along with administrative and technical support, to the staff in the districts and counties.

Figure 2  
Population Based Services



# Office Of The State Health Officer

*Function:* To provide key professional and support functions to agency staff at the central office and local levels.

## Field Services

The Bureau of Field Services serves as a liaison between agency field staff and central office staff. The bureau also provides technical assistance to field and program staff. Field Services also houses the staff of the Division of Primary Care.

## Communications and Public Relations

C&PR plans and coordinates agency-wide communications activities. The office is the focal point — or clearinghouse — for both mass media and departmental staff on consistency of information to be released and policy statements representing the department's overall posture and attitude.

## Information Systems Consulting Group

The IS Consulting Group is responsible for data management, security, policy direction, and standards for agency information systems. Staff recommend new information technology, coordinate technical consultation, train, and monitor across agency organizational lines.

## Internal Affairs

Internal Affairs includes Internal Audit, Compliance, Minority Affairs, and Legal Counsel.

## Policy and Planning

Policy and Planning functions in policy development and analysis, legislative affairs, planning, evaluation, operational auditing, and financial and management analysis. Staff are responsible for short-term and long-range planning and for evaluating performance and impact of programs. Policy and Planning also houses the Division of Tobacco Policy and Prevention.

## Public Health Nursing

Public Health Nursing monitors the standards of practice across program lines. Through these monitoring and consultative activities, staff provide assistance in determining staffing patterns, educational needs, and personnel management for the nursing component of the public health care delivery system.

## Tobacco Policy and Prevention

Tobacco Policy and Prevention functions in policy development and analysis, planning, and evaluation. The division provides administrative support for the school nurse program funded through tobacco prevention pilot funds. Staff are responsible for short-term and long-term strategies and planning, and for evaluating the performance and impact of tobacco-related programs within the state.

# Administrative And Technical Support

*Function:* To provide administrative and special support services to the agency's community health, preventive health, regulation, and other service programs at both the central office and field levels.

## ■ Administrative

Public health employees in the central office support those in program areas, district offices, and county health departments with such administrative services as accounting, budgets, contracts, facilities/property management, payroll, personnel, printing, and purchasing.

## ■ System Coordination/Network Operations

System Coordination/Network Operations is responsible for operation of the agency's computer hardware including the primary administrative system and all personal computers. The unit is also responsible for data processing related procurement, software support, maintenance of computer hardware, and operation of the statewide computer network. This unit provides telecommunications facilities for the agency.

## ■ Pharmacy

The Pharmacy provides medication for patients at the county level who are enrolled in one or more of approximately 15 public health programs. Most patients served are classified as medically indigent.

Prescriptions and requisitions for clinic supplies are generated in any of the state's more than 100 full- and part-time clinics. They are then sent to the Pharmacy where they are processed and returned by commercial courier.

Each year MSDH pharmacists process approximately 120,000 prescriptions for medically indigent Mississippians. The quantity of supplies provided for clinic use — approximately 30,000 shipments — is also considerable. In addition, the intravenous admixture program allows cystic fibrosis patients to be released from hospitals at earlier dates and to be managed through home health care, thereby reducing health care expenses.

## ■ Public Health Laboratory

The Public Health Laboratory serves as a reference lab for the entire state, providing low-cost, high-quality testing services. Laboratory personnel provide clinical and environmental analysis for public health clinics, private physicians, hospitals, laboratories, public water systems, and individuals.

The Laboratory is accredited by the Food and Drug Administration for milk testing, the Environmental Protection Agency for drinking water testing, and the Health Care Financing Administration (Medicare) for clinical testing. The lab is registered and accredited under the new Clinical Laboratory Improvement Act (CLIA).

The lab staff process more than 750,000 specimens a year.

# Community Health Services

*Function:* To prevent disease and injury and promote optimal health through acquiring and analyzing health data and the recommendation/implementation of selected preventive health interventions.

## Chronic Illness

*Function:* To develop targeted services, including prevention, early case-finding, treatment, and monitoring for persons at risk of developing chronic conditions such as diabetes and hypertension.

- The Diabetes Program provides to those persons with diabetes supportive services including screening and referral for definitive diagnosis, joint medical management, education, informational materials, and diet counseling.

Program staff identify and assess the extent of problems associated with diabetes and find available resources to deal with the problems. Insulin is provided at no charge to diabetics who are 21 years of age or younger and to gestational diabetics of any age.

The staff works to establish linkages with other health programs which will impact positively on the treatment and management of other chronic conditions found in diabetic patients.

In FY 1998, the Insulin Program served 1,206 patients and reported more than 2,159 diabetic monitoring visits.

Through a grant from the Centers for Disease Control and Prevention, The Health Department developed a program to reduce the burden of diabetes in Mississippi. Efforts are directed toward estimating the prevalence of diabetes, determining morbidity and mortality relating to diabetes, developing a plan for diabetes prevention and control, and development of a coalition to specifically address these issues.

Data collection will help estimate the prevalence of and determine morbidity and mortality relating to diabetes. New members continue to join a coalition of interested individuals and groups.

- The Hypertension Control Program provides screening, detection, diagnosis, treatment or referral for treatment, and follow-up on compliance in cooperation with the patient's physician as a joint management effort. In FY 1998, the program treated 15,004 patients. The program also educates hypertensives in proper dietary habits and exercise and provides drugs at a lower cost than could be obtained elsewhere. Priority individuals are in high risk groups: black males and females 18 to 55 years of age, white males 25 to 55 years of age, and those in rural, medically underserved areas who are at or near poverty level.

## Epidemiology

The Office of Epidemiology carefully watches occurrences and trends of reportable diseases; investigates outbreaks of diseases; helps interrupt outbreaks or disease problems; and reports morbidity incidence and trends to the medical community and other target publics. Coordinating and cooperating with the Centers for Disease Control and Prevention National Surveillance System, office staff also provide telephone consultation to health care providers and the general public on such matters as communicable diseases, disease outbreaks, rabies exposure, and international travel requirements and recommendations.

Epidemiology staff recorded approximately 20,000 cases of reportable diseases during FY 1998. Reported cases included such diseases and conditions as required, including blastomycosis, brucellosis, encephalitis, hepatitis, leptospirosis, malaria, meningitis, meningococemia, salmonellosis, rabies, typhus, tetanus, tularemia, toxoplasmosis, typhoid fever, rocky mountain spotted fever, legionellosis, giardiasis, and acquired immunodeficiency syndrome (AIDS).

The Central Cancer Registry collects and maintains data on all invasive cancer cases diagnosed among state residents. Information is collected on each cancer case diagnosed on or after January 1, 1996. The program's main long-term goal is to identify areas and population groups with increased disease burden and thereby plan intervention strategies.

The Surveillance Branch conducts injury surveillance, hazardous substances emergency events surveillance, and environmental surveillance. The Branch responds to more than 150 environmental telephone calls annually, providing consultations and on site investigations.

The Injury Surveillance program and registry is a comprehensive, sensitive system that identifies and tracks spinal cord injuries and traumatic brain injuries. The program reviews more than 600 potential spinal cord injury cases and more than 5,000 traumatic brain injury cases annually.

The Hazardous Substances Emergency Events Surveillance system describes the public health consequences associated with the release of hazardous substances (excluding petroleum products). The system identifies more than 800 potentially hazardous substances emergency events annually.

## Health Promotion

The Division of Health Promotion/Education/Chronic Disease provides and supports services aimed at school, community health, and worksite programs to improve the health of Mississippians. Health educators work with community groups, schools, worksites, and clinics to implement health promotion programs. Emphasis areas include injury control, violence, tobacco prevention, prevention of cardiovascular disease, physical activity, and comprehensive school health.

The Health Promotion Clearinghouse provides resources and research about science-based programs to improve health. The Division conducts the Youth Risk Behavior Survey and disseminates results to decision-makers and agencies serving youth. Risk factor data from the Youth Risk Behavior Survey and the Behavioral Risk Factor Surveillance System guide operational objectives for local interventions.

## Immunization

The Immunization Program staff strive to ultimately eliminate morbidity and mortality from vaccine-preventable diseases by working with federal and state agencies, local health departments, physicians and other private immunization providers, schools, hospitals, nursing homes, licensed child care facilities, community-based organizations, and the public. Targeted diseases include diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, influenza, and pneumonia.

In FY 98, Mississippi reported 92 cases of hepatitis A, four of pertussis (whooping cough), one case of tetanus, and no cases of measles, diphtheria, or polio.

Program staff provide and support statewide activities which include administering vaccine to children and adults; monitoring immunization levels in preschool children, children enrolled in licensed child care facilities, children attending schools grades K-12 and colleges/universities; conducting disease surveillance, investigation, and outbreak control; providing information and education; enforcing immunization laws; providing telephone consultation on immunization and vaccine issues; and operating a statewide immunization registry.

The Program places particular emphasis on improving immunization levels in children two years of age and younger. Through implementation of the Standards for Pediatric Immunization Practices, Mississippi is striving to achieve the national goal of fully immunizing at least 90 percent of two-year-old children before the Year 2000. In FY 98, 82.2 percent of Mississippi's two-year-olds were fully immunized.

## Public Health Statistics

The Bureau of Public Health Statistics provides a system of vital and health statistics for use at the local, district, state, and federal levels. The bureau also provides direct vital records services to the general public.

In addition, Public Health Statistics plays a support role by providing statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff. The bureau functions as the quality control for all statistical materials — other than epidemiological studies — produced by the agency.

The bureau provides information of births and infant deaths, a listing of births at risk for post-neonatal death, and all Sudden Infant Death Syndrome deaths for follow-up by district and county nurses. Many agency programs get special statistical reports generated on a routine schedule. Special agency initiatives, grant writing, and grant administration and evaluation often call for adhoc statistical reports.

During CY 1997, the Bureau registered 41,527 live births, 27,380 deaths, 21,338 marriages, 13,860 divorces; staff also received reports of 526 fetal deaths and 4,325 induced terminations. The Bureau filed 1,175 adoption records, 821 delayed birth certificates, and 1,097 court-ordered corrections to existing records. Approximately 372,000 records plus 4,648 affidavits were certified. In addition, the bureau verified 104 occupational injuries which resulted in death.

## STD/HIV

The Division of Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV) was formed shortly before FY 1996 from the merger of two previously separate programs. The Division's mission is to reduce the number of newly diagnosed STDs — including HIV infection — in Mississippi. The division consists of three branches: Surveillance, Prevention and Education, and CARE and Services.

The Surveillance Branch provides ongoing, systematic collection, analysis, evaluation, and dissemination of data describing STDs and HIV disease. During FY 1998, 969 cases of early syphilis were reported — a 53.6 percent decrease from FY 1997. That represents a case rate of 36.01 per 100,000 population, securing Mississippi's rank at number two in the nation for early syphilis. Statewide prevention and control efforts continue to reduce syphilis incidence; Mississippi intends to join the nation in a plan to eliminate the disease in the next decade.

FY 1998's reports of 653 new HIV infections and 377 AIDS cases suggest that Mississippi will likely continue to experience increases in the effects of the disease. The severity of the epidemic in the African American community surpasses levels initially noted in white men who have sex with other men. African American males and females now account for the majority of new HIV infections and AIDS cases.

The Prevention and Education Branch plans, implements, and evaluates prevention interventions designed to reach high priority target populations. It also coordinates the distribution and management of federal funding provided to 10 community-based organizations (CBOs) throughout the state. These CBOs are active partners with MSDH in providing culturally sensitive and age- and linguistically-appropriate prevention messages to a wide variety of Mississippians. Philosophies previously aimed at the control of STDs have evolved into a recognized need to develop ways to modify behaviors that put people at risk. Branch staff conduct training sessions throughout the state to develop the knowledge and non-judgmental presentation skills necessary to support a STD/HIV Speakers Bureau. During FY 1998, an estimated 80,000 people benefited from these services.

The CARE and Services Branch manages funds Mississippi receives under the provision of Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. These federal dollars are often the only funds available to people living with HIV disease for life-sustaining therapies. The AIDS Drug Program served nearly 344 people in FY 1998, while the Home-Based Program served more than 69. The Housing Opportunities for People with AIDS Program, also managed by this branch, enables people living with HIV disease and their families to remain together. In addition to both emergency and long-term housing assistance, assistance with essential activities of daily living is available through a collaboration with the Bureau of Home Health.

The Division of STD/HIV augments district-level field epidemiology efforts designed to locate and investigate STD and HIV and to conduct Mississippi's aggressive partner elicitation, notification, and referral system. Previously, changes in STD/HIV morbidity resulted in the temporary assignment of disease intervention specialists (DIS) between public health districts. This practice generally resulted in increases in the districts from which the DIS were borrowed. Now, a team of DIS is available to respond throughout the state where and when they are needed. They also perform basic "shoe-leather epidemiology" tasks.

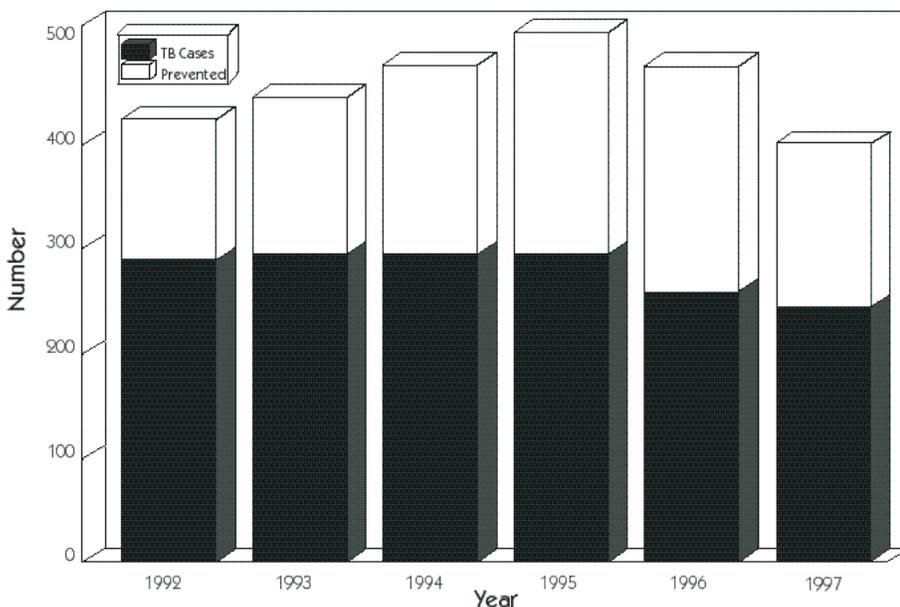
## Tuberculosis

The Tuberculosis Control Program provides early and rapid detection of persons with or at risk of developing tuberculosis, appropriate treatment and follow-up of diagnosed cases of tuberculosis, and preventive therapy to persons at risk of developing tuberculosis.

Mississippi, historically among the highest states for incidence of TB, continued to exceed the national average with 9.0 cases per 100,000 people in CY 1997. Among Mississippi cases in CY 1997, 2.5 percent were HIV positive and 4.5 percent were drug resistant. Children, who are particularly vulnerable to rapid progression of the disease, represented 8.6 percent of Mississippi's TB cases.

Mississippi reported 143 fewer cases in CY 1997 than in CY 1989, a 37 percent decrease in new cases in eight years. Mississippi claims success in

Figure 3  
Tuberculosis Cases Prevented



lowering the number of cases each year primarily because of directly observed therapy and an increased emphasis on preventive treatment. In CY 1997, an average of 244 patients got directly observed therapy each month for confirmed or suspected TB disease. Forty-eight percent of the 3,693 people receiving prophylactic therapy in CY 1997 were on directly observed therapy.

Promoting employee health, 225 employees were fit tested for HEPA or N-95 respirators to use when providing care to potentially infectious TB patients. Other preventive measures included the agency's annual TB screening initiative,

which tested 2,609 State Department of Health employees at risk for TB infection.

To increase TB awareness, the Program conducted 48 TB Skin Test Certification workshops, attended by 1,397 nurses and other health personnel to expand their knowledge and skills. An additional 11 participants attended Effective Tuberculosis Interviews, an intensive course on patient management presented by Program staff.

Tuberculosis in children is a sentinel event, demonstrating on-going transmission of TB disease in the community. Twenty-one of the 245 TB cases reported in CY 1997 were children. To provide the opportunity for more rapid intervention, the State Board of Health made TB infection in children under the age of 15 a Class I reportable condition, effective October 1998.

# Personal Health Services

*Function:* To provide personal treatment as well as preventive and health maintenance services in the areas of child health, women's health, home-based care, and maternal health and nutrition.

## Child Health

*Function:* To provide well and sick child services to children at or below 185 percent of poverty. Services are preventive in nature; however, treatment is often included for those whose need is greatest.

Child health services are available statewide to children living at or below 185 percent of the non-farm poverty level and to other children with poor access to health care. Using a multi-disciplinary team approach, including medical, nursing, nutrition, and social work, the Child Health Program provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. Services are basically preventive in nature and designed for early identification of crippling conditions.

Children in need of further care are linked with other State Department of Health programs and/or private care providers necessary for effective treatment and management. This assures cost-effective services which are acceptable to patients, promote good health, prevent occurrence or progression of illness and disability, and restore the functionally damaged child so far as is practical. Adjunct services such as the Genetic Screening Program, the Early Intervention Program, and the Children's Medical Program are important components of the comprehensive Bureau of Child Health.

In FY 1998, the Child Health Program served 77,780 children between one and 21 years of age through the county health departments. Four public health school nurses assigned to four school districts around the state reported an additional 10,949 health encounters with teens. Services the public health school nurses provided included counseling for substance abuse, dropout prevention, suicide prevention, and pregnancy prevention, as well as some health assessments and minor care for sick or injured children in their schools. Services were provided through The Health Department only until December 31, 1997.

■ Public Health Dentistry targets efforts toward improving the oral health of Mississippi children and their families. The Dental Corrections Program aims to provide financial assistance to families of children with limited access to dental care. The Weekly School Fluoride Mouthrinse Program helps prevent tooth decay and can even reverse the decay already started. Schools participating in the program get topical fluoride and other supplies at the beginning of each school year. The program is recommended for children in kindergarten through fifth grade.

The Community Water Fluoridation Program is one of the best ways to prevent tooth decay by adjusting the amount of fluoride in a community's drinking water. Public Health Dentistry assists communities in fluoridating their drinking water.

- The Genetics Program has developed comprehensive genetic services statewide which include screening, diagnosis, counseling, and follow-up of a broad range of genetic related disorders. Genetic satellite clinics are strategically located in six areas and five sickle cell clinics, making genetic services accessible to all residents of the state on a referral basis. These clinics served more than 1,500 patients in FY 1998.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies. With 41,527 newborns screened, three cases of phenylketonuria, one case of galactosemia and 12 positive cases of hypothyroidism were identified in the past year. At least 70 hemoglobinopathy cases were identified through the program.

The Health Department's system lends itself to a very organized statewide hemoglobinopathy network. A field project coordinator has been placed in each of the nine districts. Through these field coordinators, the Genetics Program provides follow-up on all newborn screening repeats and confirmatory tests; provides case management of all Sickle Cell Disease patients; performs chart review of all Sickle Cell Disease patients; provides education, counseling, and referral as appropriate; serves as the residual guarantor for the programs, ensuring that the patient system interfaces with the least disruption and anxiety possible for the patient and families; and assists other central or state program offices by alerting them to patient needs.

- First Steps is an interagency early intervention system of services for infants and toddlers with developmental disabilities. The State Department of Health serves as the lead agency for this system, which coordinates services among many agencies to help meet the developmental needs of young children with mental or physical conditions causing disability and their families. The system is designed according to federal regulations under Part C of the Individuals with Disabilities Education Act (IDEA). Mississippi has fully implemented the system statewide as an entitlement for children with disabilities and their families.

The state Early Intervention Act for Infants and Toddlers and federal laws mandate this collaborative system formed by state agencies to identify all children with developmental needs and to provide the children and their families with service coordination, comprehensive evaluation, individualized family service plan development, procedural safeguards, and linkage to needed early intervention services. As the lead agency, MSDH serves as the single point of intake for the system and coordinates services through 55 service coordinator positions distributed according to need in all nine public health districts.

The program annually serves from 2,500 to 3,000 children through two years of age. An information system supplies service tracking, monitoring, and demographic information used for resource allocation. Early intervention services are provided by individual private providers, agencies, and local programs funded from a variety of sources including state general funds, private insurance, Medicaid, and fee-for-service. MSDH serves as the payer of last resort if no other source is identified and if families cannot afford to pay.

Through Federal Part C funds, the program provided the state with a comprehensive early hearing detection and intervention (EHDI) program. All hospitals with 100 or more births a year are participating. With newborn hearing screening now mandatory, over 98 percent of all newborns are screened for hearing impairments.

- The Children's Medical Program provides medical and/or surgical care to children with chronic or disabling conditions. The service is available to state residents up to 21 years of age. Conditions covered by the Children's Medical Program (CMP) include major orthopedic, neurological, cardiac, and other chronic conditions such as cystic fibrosis, sickle cell anemia, and hemophilia.

The program currently operates 698 clinic sessions per year at 21 separate sites throughout the state to provide specialized care in the local community in addition to a central multi-discipline clinic in Jackson at Blake Clinic for Children. Each Public Health District employs a CMP coordinator to assist with case management needs for children with special health care needs and their families.

In FY 1998, the program spent \$6 million on diagnostic and treatment services for 6,249 children. Services included hospitalization, physicians' services, appliances, and medications.

Funding comes primarily from the Title V MCH Block Grant. Mississippi contributes additional funds.

## Home Care Services

The Bureau of Home Health provides a comprehensive program of health care in the residence of homebound patients who are under the care of a physician and who require the skills of health professionals on an intermittent basis.

Comprehensive services include skilled nursing and aide visits in all counties and physical therapy, speech therapy, dietary consultation, and psychosocial evaluation in those counties where personnel are available. Medical supplies, oxygen, and durable medical equipment may also be provided as indicated by the patient's condition.

To be eligible for Medicare or Medicaid Home Health Services, a person must be ill or disabled, homebound, under the care and supervision of a physician, and in need of part-time skilled nursing or other health care. Other third party payment sources can have different eligibility standards. Home health promotes, maintains, or restores health, minimizing the effects of illness or disability.

In FY 1998, the Mississippi State Department of Health Home Health Agency served some 2,661 patients, reporting 207,222 visits.

## Women's Health

**Function:** To provide women with and/or assure access to comprehensive health services that affect positive outcomes, including early cancer detection, domestic violence prevention and intervention, family planning, and maternity services.

- The Breast and Cervical Cancer Early Detection Program works to reduce high morbidity and mortality caused by breast and cervical cancer in Mississippi.

The program has seven objectives: to establish a system for screening women for breast and cervical cancer as a preventive health measure; to provide appropriate referrals for medical treatment of women screened in the program and to ensure — to the extent practicable — the provision of appropriate diagnostic and treatment services; to develop education and outreach programs and to disseminate public information for the early detection and control of breast and cervical cancer; to provide training to improve the education and skills of health professionals in the detection and control of breast and cervical cancer; to establish mechanisms through which Mississippi can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; to establish mechanisms to enhance the state's cancer surveillance system to facilitate program planning and evaluation; and to ensure the coordination of services and program activities with other related programs.

The target population for the program is uninsured, underinsured, and minority women. Women 50 years of age and older are the target group for mammography screening, and women 45 years and older are the target for cervical cancer screening.

The Mississippi Breast and Cervical Cancer Control Coalition acts as the advisory group for the program.

In FY 1998, more than 110,391 women got cost-effective Pap smear screening through the maternity and family planning clinics in the state.

- The Domestic Violence/Rape Prevention and Crisis Intervention Program provides specific resources through contracts with domestic violence shelters and rape crisis programs. In addition, the program makes brochures, educational materials, and a display available. The domestic violence shelters provide direct services to victims of domestic violence — including children — and education regarding domestic violence and the impact that can be made on the cycle of violence. The rape crisis programs provide direct services to victims of rape and sexual assault and provide a public awareness campaign aimed at reducing the incidence of sexual assault.

In FY 1998, the 13 domestic violence shelters that received funding from the Program answered 45,476 crisis line calls and provided shelter for 1,077 women and 1,410 children. In addition, 849 women and 862 children got services but did not stay at the shelters.

More than 15,648 crisis line calls were answered during FY 1998 by the nine rape crisis centers that received funding; 1,256 victims of rape and sexual assault were provided direct services. In addition, 2,901 victims and their families were provided follow-up services and counseling.

- The Family Planning Program promotes awareness of and ensures access to reproductive health benefits by encouraging individuals to make informed choices that provide opportunities for healthier lives.

More than 107,000 Mississippians — some 32,000 of them 20 years of age or younger — took advantage of comprehensive family planning services during FY 1998. High on the target priority list of recipients are teenagers and women 20 to 44 years of age with incomes below 150 percent of poverty level.

In FY 1998, the family planning patient caseload decreased by 1,000. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in FY 1998, some 17,604 unwanted, unplanned pregnancies were prevented; of those, some 8,604 would have been pregnancies to teenagers.

With Mississippi at or near the top among states in relation to percentage of its target population served in family planning, the state also boasts cost efficiency in service provision; the average medical cost per user is well below the national average. This includes the cost for surgical sterilizations, available for men and women at risk who choose a permanent method of contraception.

Additional family planning benefits include infertility services for persons who desire pregnancy and reduced infant mortality and morbidity rates concomitant with reduced teen pregnancy rates.

- Maternity Services aims to reduce low-birthweight and infant mortality and morbidity in Mississippi by providing comprehensive, risk-appropriate prenatal care through county health departments. Public health staffs on the local level work with private providers statewide to assure planned hospital delivery close to home tailored to the risk of the mother and infant; they also cooperate to continue care after delivery, particularly including family planning and infant health services.

The agency targets these services to pregnant women whose income is below 185 percent of poverty as defined by the Federal Office of Management and Budget. In the landmark study "Preventing Low Birthweight," the Institute of Medicine found that every \$1 spent to provide comprehensive prenatal care can save \$3.38 in the first year of an infant's life — moreover, this expenditure results in \$11 saved in providing a lifetime of care. Nearly 80 percent of the women at risk of having a low-birthweight baby can be identified during the first prenatal visit. Ongoing visits permit monitoring and/or management of the problem.

More than 14,500 pregnant women — about 36 percent of the women who gave birth in Mississippi in CY 1997 — received their prenatal care in county health departments. Public health nurses, nurse practitioners, physicians, nutritionists, and social workers provide this cost-effective, comprehensive preventive care. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical component of the maternity care effort.

A full-time, board-certified obstetrician provides consultation statewide for the maternity and family planning programs as well as direction and consultation in the development of statewide perinatal regionalization.

The public health team evaluates maternity patients at each visit, using protocols which reflect national standards of care for maternity patients. They place special emphasis on identifying high risk problems and ensuring appropriate care to reduce or prevent problems. This includes arranging for delivery by an obstetrician at hospitals that provide the necessary specialized care for the mother and her baby.

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) provides a multidisciplinary team approach to high-risk mothers and infants. Targeted case management, combined with the team approach, can better treat the whole patient, improve the patient's access to available resources, provide for early detection of risk factors, allow for coordinated care, and decrease the likelihood of the infant's being born too early or too small. These enhanced services include nursing, nutrition, and social work. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management. In FY 1998, the program served 7,229 high-risk mothers and infants. The program now operates in 67 county health departments.

MSDH and PHRM/ISS have taken the leadership role in Born Free, the program for pregnant women and infants affected by perinatal substance abuse. Born Free works to identify gaps in services and barriers to care and to expand existing services or develop new resources. This community network of treatment resources, sensitive to women and families, fosters a healing environment.

Perinatal Regionalization is a coordinated system of perinatal care for a defined region which allows all pregnant women and/or their newborn babies to benefit from the availability of risk-appropriate medical and hospital care. The system encompasses aspects of education, evaluation, referral, and transport.

## WIC — Special Supplemental Nutrition Program for Women, Infants, and Children

WIC improves the outcome of pregnancies; reduces health problems associated with poor nutrition during pregnancy, infancy, and early childhood; and reduces infant mortality.

The WIC bureau provides special supplemental food and nutrition education to low-income pregnant, postpartum, and breast-feeding women, infants, and preschool children who have nutrition-related risk conditions. The foods WIC provides are especially high in the nutrients protein, iron, calcium, and vitamins A and C.

The Mississippi WIC bureau distributed 1,180,798 monthly food packages during fiscal year 1998 at an average cost of \$29.38 per package. Mississippi's package cost is eight percent below the national average of \$31.70. The savings is attributed to buying in quantity on competitive bid and distributing the food directly to participants from food distribution centers located in every county.

Operating in all 82 counties, WIC served an average of 98,400 participants each month, a decrease of two percent under the previous year. The program serves 66 percent of the potentially eligible population.

WIC serves 100 percent of eligible babies, age one year and under, which represents more than 73 percent of all babies born in the state. Some 30,661 babies get help from WIC.

A monthly average of 22,925 pregnant, postpartum, and breast-feeding women were on WIC during FY 98, as well as 44,814 children under the age of five years. Eighty-seven percent of those served were in the top three priorities. The Mississippi WIC bureau has a participation rate of almost 92 percent of those enrolled.

WIC is an incentive for early entrance into the expanded maternal and child health delivery system and is an important component of a comprehensive preventive health service. Infants and children are eligible if they show signs of poor growth, anemia, obesity, chronic illness, or nutrition-related diseases. Pregnant and postpartum women are considered at risk if they are younger than 18 or older than 35, have a poor obstetrical history, are anemic, or gain weight at an undesirable rate.

During FY 1998, the WIC Program and USDA implemented a Farmers Market Program in Bolivar and Hinds counties. This gave vouchers for fresh produce to WIC clients.

WIC is funded entirely with federal appropriations in the amount of \$56 million for FY 1998. WIC employs a total of 472 staff working in clinics, food distribution centers, and the state office, including 87 full-time equivalent nutritionists and 32 full-time equivalent nurses.

# Health Regulation

## Environmental Health

*Function:* To conduct programs to control hazards to health from radioactive materials, x-ray devices, unsafe boilers and pressure vessels, and rats, mosquitoes and other disease vectors; administer the state-authorized consultative occupational health and safety program; and enforce standards for protection of consumers against preventable hazards in food, milk, and water.

- The Boiler/Pressure Vessel Safety Division protects people and property from injury and damage due to boiler and pressure vessel explosions. State and private insurance inspectors checked 10,291 boilers and pressure vessels in FY 1998. Inspectors identified 283 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 267 dangerous and 140 non-dangerous violations corrected. Computerization of inspections and certificate issuance has assisted the staff in handling the heavy workload to ensure lives are saved.
- The Water Supply Division assures that safe drinking water is provided to the 2.6 million Mississippians — 96 percent of the population — who rely on the state's 1,550 public water supplies by regulating the engineering design, construction, operation, and maintenance of these water supplies; by enforcing the water quality standards of the Federal and Mississippi Safe Drinking Water Laws (SDWLs); and by ensuring that each community public water supply is operated and maintained by a waterworks operator who has been licensed by the Mississippi State Department of Health. Division staff conducted sanitary surveys of 1,280 public water supplies during FY 1998 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 1,070 water supply construction projects in accordance with agency minimum design standards; conducted three week-long waterworks operator short courses and 21 one-day seminars.

Mississippi is one of the first states to begin to implement the Drinking Water State Revolving Fund (DWSRF) loan program authorized and funded by Congress in the 1996 Amendments to the Federal Safe Drinking Water Act. Managed by the Water Supply Division, this loan program is designed to provide low interest revolving loans to public water systems that are in critical need of improvements to be able to continue to provide safe and adequate drinking water to their customers. Loans made under this program are limited to \$1,000,000 per water system and must be repaid within 20 years. The State of Mississippi will benefit greatly from this loan program since many public water systems do not have the financial stability necessary to borrow money from traditional sources, such as banks. During FY 98, this DWSRF loan program made approximately \$11.7 million in loans to 19 public water systems.

The Water Supply Division also administers an emergency loan program designed to provide assistance to public water systems that have experienced catastrophic problems that have an immediate impact on public health. An example of a typical emergency loan is a public water system whose water well has failed, leaving the customers totally without water service. This emergency loan



program is designed to provide funding commitments in a 24- to 48-hour period with very limited paperwork. These emergency loans are limited to \$500,000 per loan and must be repaid within five years. During FY 1998, \$242,000 in emergency loans were made to four public water systems.

In July 1994, the Governor's Task Force on Drinking Water and Wastewater was established to annually review and make recommendations each December to the Governor and the Legislature on changes in law and regulation deemed necessary and appropriate to meet current and future drinking water and wastewater needs of all Mississippians. The MSDH is charged with supporting the activities of this Task Force. The Task Force recommended specific legislation to the Governor and the 1998 Legislature:

- Change state law to require non-profit public water systems to provide an annual financial report to the Auditor's Office, make this report available to the system's customers, and require that each non-profit water system conduct an annual meeting;
- Establish an emergency wastewater revolving loan fund program similar to the drinking water emergency loan program;
- Create a Management Review Council to improve the management of Mississippi's public water systems; and
- Require the Mississippi Department of Economic and Community Development to award Community Development Block Grants only to "viable" public water systems.

The 1998 Legislature passed two of the four bills recommended. The State laws dealing with non-profit corporations were amended to require that non-profit water systems provide an annual financial report to the State Auditor's Office and each of these water systems is now required to conduct an annual meeting of their customers.

Legislation was also passed that requires the Department of Economic and Community Development (DECD) to award Community Development Block Grants (CDBG) only to those public water systems that have been determined to be viable or will be made viable by the grant award. This legislation requires The Health Department and the Public Utilities Staff (PUS) to review each CDBG grant request from public water systems to determine if the public water system is viable or will be made viable by the proposed grant award. This legislation further requires DECD to use the viability determinations made by MSDH and PUS in making a final determination regarding a public water system's eligibility to receive a CDBG award.

During FY 1998, board members of the state's 751 rural water systems and small municipalities began to attend eight-hour management training sessions as required by 1997 legislation. Several organizations conduct training sessions under the general oversight of The Health Department. Most board members attending have been complimentary and are using the training to improve management of their water systems.

The Division established a Cross Connection Control Advisory Committee to begin to develop cross connection control regulations mandated by the 1997 Amendments to the Mississippi Safe Drinking Water Law. This Advisory Committee has helped the Department develop cross connection control regulations that will protect public health but not be unnecessarily burdensome to public water systems. Final cross connection control regulations were developed during FY 1998 and went into effect on August 8, 1998. The Water Supply Division has begun an extensive training program to help public water systems implement the new regulations.

During FY 1998, the Division continued to actively license and train waterworks operators to ensure that all public water systems are operated by individuals licensed by the Department as required by State law. Each licensed operator must obtain 48 hours of continuing education credit (CEU) during the three-year period of the license to qualify for renewal. At the end of FY 1998, 99 percent of Mississippi's community public water supplies were operated by a MSDH-licensed waterworks operator.

The MSDH continues its ongoing water quality monitoring program to ensure that Mississippi's public water systems are routinely providing safe drinking water that complies with all public health standards established under the Federal Safe Drinking Water Law. The overall rate of compliance with these water quality standards is excellent. The major water quality problem encountered by public water supplies is microbiological contamination, caused by many factors, most significantly poor operation/maintenance and old/out-dated water systems. A large percentage of Mississippi's public water systems are rural water systems constructed with grants/loans from the United States Department of Agriculture/Farmers Home Administration. Many of these rural water systems have been operating for 30 years or more. In many cases, these systems are very poorly funded due to inadequate water rates and, therefore, have not had the funding necessary to make critically needed repairs and renovations.

- The Radiological Health Division maintains and enforces regulatory standards designed to ensure that the exposure of Mississippians to harmful radiation is kept at a low level. In FY 1998, staff completed 26 federal x-ray compliance inspections; of some 5,050 healing arts x-ray tubes registered, inspected 731 medical and 867 dental x-ray tubes; and approved 22 shielding plans. Staff members inspected 90 radioactive material licensees, of which 49 were in compliance; 22 industrial and academic x-ray registrants, of which 19 were in compliance; and 12 general licensees, of which 11 were in compliance.

County environmentalists inspected 315 of the state's 838 registered tanning facilities. The staff also registered 12 radiation machine assemblers and 23 mobile vans for a total of 96 assemblers and 34 mobile vans.

Licensees and registrants are provided with the inspection findings at the conclusion of the inspection. Letters addressed to management follow, identifying the violations and deficiencies. A written reply from management is requested within 10 days, stating corrective actions taken and the date when full compliance will be achieved. These items are reviewed by the radiological health staff during follow-up inspections. In addition to licensing and registration activities, staff members conducted six investigations and evaluated three shielding plans for medical linear accelerators.

Staff collected and analyzed 1,028 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 304 at the Salmon Test Site in Lamar County, 33 special samples. All the 1,365 environmental samples collected — including "special" samples such as milk from local dairies and samples from state licensees — were analyzed for the presence of radioactivity. Staff analyzed 195 water supplies for radioactivity, completing the four-year testing cycle. Staff also participated in EPA's Water Supply Laboratory Certification Program, which consisted of analyzing 46 samples for 13 radionuclides and gross alpha or gross beta radioactivity. Staff



evaluated radon concentrations in 1,287 occupied spaces of 24 Mississippi schools and 247 occupied spaces in five governmental structures.

Staff participated in training drills for the Grand Gulf Nuclear Station (GGNS), exercising the state's emergency response plan for the plume exposure pathway; reviewed and telephonically discussed proposed amendments to the GGNS Operating License for significant hazards considerations; participated in discussions with EPA, DOE, and DEQ regarding the Salmon Test Site; and consolidated responses from Low-Level Radioactive Waste Generators in Mississippi for incorporation in an annual report and waste projections by the Southeast Compact Commission for Low-Level Radioactive Waste Management.

- Public health environmentalists within the agency's Division of Environmental Services in FY 1998 made 29,022 inspections and issued permits to 13,327 food-handling establishments, including conventional restaurants, fast food franchises, supermarkets, institutions, hospitals, schools, and day care centers. In addition, they performed 1,042 plan reviews.

Food service manager certification will become mandatory in January 1999. To accomplish this, MSDH partners with Mississippi Cooperative Extension Service, community colleges, the Mississippi Restaurant Association, and other industry groups. Under a contract with FDA, food program specialists made 40 inspections of food processing plants, bakeries, and warehouses.

Food Protection hosted two FDA training courses on Hazard Analysis Critical Control Points (HACCP). Almost 800 personnel from education, industry, and institutions attended HACCP training seminars. Food Protection staff participated in three statewide trade shows with industry. Implementation of Risk Assessment and a HACCP-based policy are underway. All nine districts have participated in inservice training, and Food Protection formed partnerships with FDA the Mississippi Cooperative Extension Service.

In the Onsite Wastewater Program, soil/site evaluations increased from 13,330 in FY 97 to 15,855 in FY 98 — a 16 percent increase.

Division staff provided nine continuing education seminars for the wastewater installers and six licensure seminars for the wastewater installers; one educational seminar for engineers; and assistance for a children's educational seminar. Division staff also issued 694 renewals for wastewater contractors licenses and 168 new wastewater contractors licenses, a total of 862 — eight percent increase.

Public health environmentalists issued final approvals for 5,572 individual onsite wastewater disposal systems, 2,670 existing wastewater disposal systems, 65 sewage pumpers licenses, 798 private wells, 531 rabies investigations, 59 recreational vehicle park permits, and 3,757 general sanitation complaints.

The Onsite Wastewater Branch began a grant program for the demonstration of repair options for failing systems. This is a three-year program with the first year (FY 98) devoted to educational seminars on non-point source pollution to environmentalists, engineers, and installers.

The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional

facilities. Environmentalists conducted safety inspections at 820 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 49 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 15 consumer product safety investigations.

The lead program specialist conducted environmental assessments of 169 dwellings for 113 children with elevated blood lead levels. The assessments involved testing painted surfaces with x-ray fluorescence spectrum analyzer; taking dust, water, and soil samples; and testing vinyl miniblinds and ceramic tubs and sinks with qualitative testers containing rhodizonate. Analyses showed lead hazards in paint in the environments of 77 percent of the lead-poisoned children; hazardous levels of lead in dust in the environments of 88 percent of the children; and hazardous levels of lead in the soil in the environments of 43 percent of the children. Vinyl miniblinds in the environments of 63 percent of the children revealed lead, and ceramic tubs or sinks in the environments of 36 percent of the children also contained lead.

The State Department of Health medical entomologist handled approximately 143 consultations concerning insect pests, their relationship to human health, and other pest problems. The entomologist helped direct the state Mosquito and Vector Control Association and helped organize an annual workshop to train municipal mosquito spray personnel. He lectured on arthropods and medicine for several national and international groups. He also taught the medical entomology section of medical parasitology at the University Medical Center and received grant funding to improve tick control methods in state parks. The entomologist wrote several scientific papers, book chapters, a new medical text book, and presented lectures on Lyme disease, Rocky Mountain spotted fever, encephalitis, and venomous arthropods of Mississippi.

From design and construction of Grade A dairies through product delivery to the retail or wholesale market, agency staff regularly inspect the facilities and analyze the quality of the product to strictly regulate the safety of milk and milk products. This covers 374 dairies, six pasteurization plants, and 70 milk haulers. Mississippi lists nine bulk tank units and permits 84 out-of-state and six in-state milk plants, a total of 90.

Regulations requiring bottled water processors to be permitted have resulted in 120 processors receiving permits. Ten of these processors are located in Mississippi. Additionally, staff issued frozen desert permits to 64 processors.

## Licensure

*Function:* To provide oversight and enforcement of regulations and technical support for the provision of emergency medical services; provide for minimum standards of health and safety in child care facilities; and provide for licensure of special health professionals and health care facilities.

- The Emergency Medical Services Division organizes, regulates, and maintains a statewide program to improve emergency medical care; tests and certifies the Emergency Medical Technicians (EMTs) on the basic, intermediate, and paramedic levels; and administers federal and state funding for local level EMS.

In the 1998 legislative session, HB 966 was passed, designating the Division of Emergency Medical Services as lead agency for developing a statewide trauma system. The bill provided for the expansion of the EMS Advisory Council to include trauma care professionals, additional members who also comprise the Mississippi Trauma Advisory Committee. The bill also added another \$5 to that already being collected for the EMS Operating Fund to establish the Mississippi Trauma Care Trust Fund for partially funding the statewide trauma care system. This additional fine is expected to generate approximately \$2 million a year.

Mississippi's EMTs responded to more than 326,126 calls for help in FY 1998. Without their training, quick response, and competence in providing EMS, many of those Mississippians could have died or never regained good health status. At the end of the fiscal year, Mississippi had 141 licensed EMS providers — 134 ground and seven air services — which operate 430 state-permitted vehicles. The state boasts 1,005 EMT-Paramedics, the most intensively trained and tested EMTs; 270 EMT-Intermediates, who have studied to increase their skills beyond the level necessary for basic life support; and 1,844 EMTs, who take 110 clock hours training in patient assessment, first aid, and communication and transport skills.

In FY 1998, Mississippi boasted 3,605 certified Emergency Medical Services Drivers. These EMS-Ds successfully completed an eight-hour minimum ambulance driver course including didactic and practical skill components. All drivers of state licensed ambulances must be EMS-D certified. During FY 1998, the 16th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, distributed \$1.7 million to counties and cities for local level services. Collections came from a \$5 assessment on each moving vehicle violation fine.

- The Division of Health Facilities Licensure and Certification is the Mississippi regulatory agency responsible for licensing hospitals, nursing homes, personal care homes, home health agencies, ambulatory surgical facilities, birthing centers, abortion facilities, and hospices. The Division also certifies health care facilities for participation in the Medicare and/or Medicaid programs. Because the division requires health facilities to comply with state and federal standards, the level of care being delivered is continually upgraded, and patients/residents are protected from abuse and neglect.

The licensure and certification division staff includes 53 health care professionals: one director, seven managers, four generalist surveyors, 22 registered nurses, one dietitian, three medical technologists, five fire safety specialists, two registered record administrators, and eight secretaries/data entry personnel.

The division conducts annual surveys of 944 health facilities. Follow-up visits verify that corrective actions have been implemented to rectify cited deficiencies. The surveyors also investigate all complaints and take appropriate actions. Approximately 500 complaints were investigated last year. Additionally, the staff reviews and finally approves all renovation and construction plans for health facilities and provides consultation and training. Services are provided through on-site visits, state agency letters, statewide seminars, and small group sessions.

Division staff also collect, evaluate, and report utilization statistics, and they prepare and distribute directories describing the facilities and their services. The division's staff of architecture and fire safety experts

review architectural plans for new construction and renovation of hospitals and nursing homes to ensure that the physical plants comply with federal, state, and local laws and ordinances.

Under the Clinical Laboratories Improvement Act of 1988, the staff inspect and certify 1,764 laboratories.

Division activities are supported by federal funds through a contract with Health Care Financing Administration and by state licensing fees.

■ **Licensure and Regulations**

During FY 1998, the professional licensure program staff issued licenses to 153 athletic trainers, 97 audiologists, 561 dietitians, 102 hearing aid specialists, 542 occupational therapists, 157 occupational therapy assistants, 1,248 physical therapists, 409 physical therapist assistants, 1,689 respiratory care practitioners, and 668 speech-language pathologists.

The program staff also certified nine eye enucleators and registered 45 speech-language pathology aides or audiology aides, 1,296 radiation technologists, and 63 tattoo artists. During the past fiscal year, the Professional Licensure Branch processed more than 7,500 licensure applications, issued 7,039 licenses, conducted 41 complaint investigations, held two administrative hearings, entered into seven agreed orders, and revoked or suspended four licenses. Public information programs regarding various licensure requirements were performed at all state and private universities, two community colleges, and several professional organizations. The Branch also began preparation for bringing online the art therapists registration program and completed the transfer of the social work licensing program to the newly formed social worker licensure board.

■ The Child Care Facilities Licensure Branch inspected and licensed 1,542 day care facilities and 45 youth camps during FY 1998. Staff also monitored 15 child residential homes. Inspections include but are not limited to a program review consisting of the care-giver's records check, children's records checks, immunization records checks, facility policies, facility program content, and building and grounds safety.

Staff investigated approximately 64 complaints related to licensed child care facilities and providers. The branch held five administrative hearings related to child care licensure and revoked three licenses for cause.

Staff provided in-service training to more than 2,500 child care providers throughout the state. Sessions included child abuse and neglect identification, appropriate discipline and administrative issues such as emergency procedures, child care facility policies and procedures, classroom management, and development of a parent handbook. Training was scheduled for both weekdays and weekends to allow as many participants as possible. The agency offered all staff development training to providers at no cost.

The child care branch initiated the decentralization project. The project involves placing all child care licensing officials in the field so providers will have better access to them. The central office will provide training to all providers and ensure uniformity of regulation enforcement through a quality assurance unit.

## Planning and Resource Development

*Function:* To provide planning for health services, facilities, and manpower on a statewide basis through the development and publication of the **State Health Plan (SHP)** ; administer the state certificate of need (CON) program; and maintain the Office of Rural Health to address rural health care needs.

Major functions of the health planning unit continue to be development activities; implementation and monitoring of those areas addressed in the **Plan** which relate to state government; the maintenance of a statewide health data set for planning related activities; and the preparation of special reports and studies which relate to the health needs of the citizens of Mississippi.

As a result of these duties and responsibilities, the unit maintained a dialogue with various health care providers, health care associations, and other state agencies about areas that should be addressed in the **SHP**. Additionally, the unit conducted special studies and research to be included in projects addressing the following subjects:

- Primary health care shortage areas in Mississippi;
- Problems of rural hospitals; and
- Long-term care needs of Mississippi's elderly.

The planning staff developed the FY 1999 **SHP** and identified six priority health needs:

- Disease prevention, health protection, and health promotion;
- Health care for specific populations such as mothers, babies, elderly, indigent, uninsured, and minorities;
- Development of a statewide trauma system;
- Health care for the indigent, uninsured, and minorities;
- Health needs of persons with mental illness, alcohol/drug abuse problems, and/or mental retardation/developmental disabilities, and;
- Availability of adequate health manpower.

The certificate of need program, a regulatory mechanism, is designed to balance the growth of health facilities and services with the need for those services. Accordingly, Division staff provide technical assistance to health care facilities and conduct CON reviews of proposed capital expenditures for defined health care facilities and providers. In FY 1998, the staff reviewed 79 projects with an aggregate capital expenditure value of \$347,379,032.

The Office of Rural Health is responsible for maintaining an information clearinghouse on rural health care issues and innovative approaches to the delivery of rural health care services; coordinating state rural health care activities; providing information on federal, state, and foundation programs to improve rural health care and assisting public and private non-profit entities to participate in programs; collecting data and conducting policy analysis of rural health issues; and assisting hospitals and communities in the recruitment and retention of health care professionals.

During FY 1998, the Office of Rural Health responded to 566 requests for information related to rural health. Staff conducted federal Rural Health Transition Grant reviews for the Office of the Governor and coordinated an update of the state's Health Professional Shortage Areas for primary medical care. Office staff also sponsored a physician recruitment workshop for providers; co-sponsored a physician recruitment fair for communities and providers; and published four newsletters on rural health topics.

# Report Of Activities

Fiscal Year 1998  
Report of Activities  
by Program

## Community Health Services

Diabetes patients served	1,206
Diabetic monitoring visits	2,159
Hypertensive patients admitted to treatment	15,004
TB cases prevented by preventive therapy (estimated)	171
AIDS cases reported	377

## Personal Health Services

■ Child Health	
Children (ages 1-21) served	77,780
Elementary schools in the fluoride mouthrinse program	59
Genetic counseling patients served	1,500
Newborns screened for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies	41,112
■ Children's Medical Program	
Children provided rehabilitative services	6,249
Clinic sessions per year	698
■ Home Health	
Patients served	2,661
Registered nurse visits	60,006
Other visits	147,216
■ WIC - Special Supplemental Nutrition Program for Women, Infants, and Children ( <i>Average monthly participation</i> )	
Women	22,925
Infants	30,661
Children	44,814
■ Women's Health	
Pregnant women served	14,985
High-risk mothers and infants served through PHRM	7,229
Women screened for cervical cancer	110,391
■ Reproductive Health	
Adult patients served	75,054
Teens served	32,298

## Health Regulation

■ Environmental Health	
Environmental samples collected and analyzed for radioactivity	1,365
Radon in indoor air evaluations and/or screenings	1,287
Boilers and pressure vessels inspected	10,291
Food establishments permitted	13,327
Inspections of food establishments	29,022
General sanitation complaints investigated	3,707
Sewage disposal inspections and soil/site evaluations	24,097
Dairy farm and milk plant inspections	2,201
Dairy samples analyzed	7,756
Environmental lead investigations	113
Community public water supplies surveyed	1,280
■ Licensure	
Ambulance permits issued	430
Emergency medical technicians certified/recertified	3,119
EMS drivers certified/recertified	3,605
Emergency services licensed/relicensed	141
Health facilities surveyed	944
Health facility complaints investigated	500
Youth camp inspections	45
Child residential care homes monitored per Notification Act	15
Day care facilities inspected and licensed	1,542
Day care complaints investigated	64
Licenses issued for athletic trainers, audiologists, hearing aid specialists, occupational therapists and occupational therapy assistants, physical therapists and physical therapy assistants, radiation technologists, respiratory care practitioners, speech-language pathologists and tattoo artists	6,985
Registered or certified audiology aides, eye enucleators and speech-language pathology aides	54
■ Planning and Resource Development	
Declaratory rulings issued	566
Certificate of Need applications reviewed	79
■ Health Facilities (Licensed or Certified)	
Hospitals-accredited	60
Hospitals-non-accredited	50
Nursing facilities	206
Home health agencies	69
Intermediate care facilities for the mentally retarded	13
Personal care homes	178
Hospices	33
Ambulatory surgical facilities	18
Community mental health centers	11
Rural health clinics	163
End stage renal disease facilities	55
Comprehensive outpatient rehabilitation facilities	17
Rehabilitation agencies	42
Physical therapists in independent practice	27
Abortion facilities	2
Utilization review agents	170
Laboratories - CLIA surveys	1,700

# Fiscal Affairs

## Actual Expenditures by Program

	FY 1998	FY 1997	FY 1996
Admin. & Tech. Support	12,213,270	\$9,056,251	\$9,191,557
Chronic Illness	10,967,525	16,038,918	14,209,838
Community Health	32,478,238	32,339,007	33,375,678
Environmental Health	11,795,677	11,104,779	11,718,991
Licensure & Resource Dev.	7,492,790	9,766,416	9,443,389
Maternal & Child Health	97,007,440	93,795,027	95,056,626
<b>Total</b>	<b>\$171,954,940</b>	<b>\$172,100,398</b>	<b>\$172,996,079</b>

Figure 4  
1998 Expenditures by Category

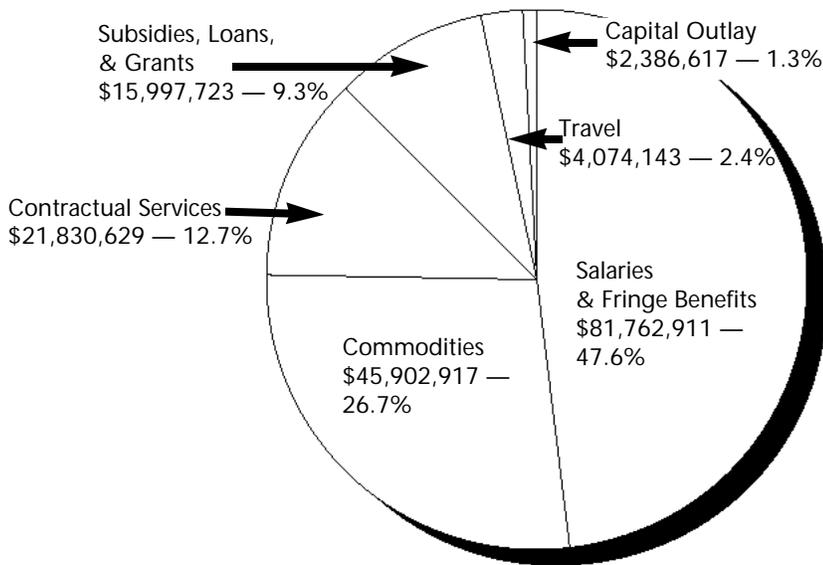
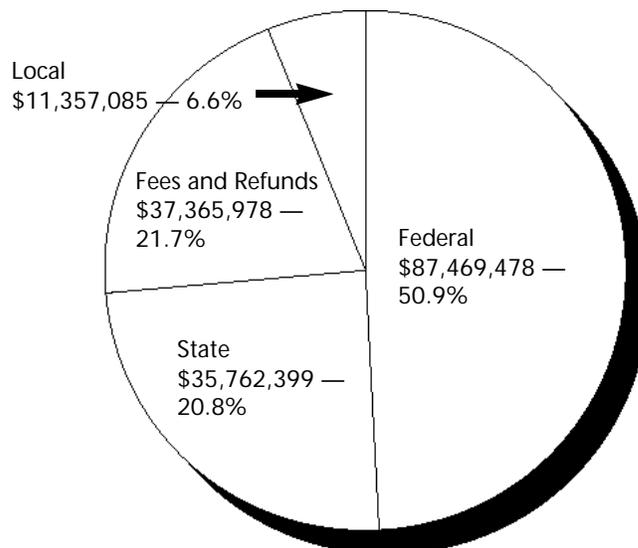


Figure 5  
1998 Expenditures by Fund



# Changes In Law

Legislative Session 1998 — The Mississippi State Legislature passed and Governor Kirk Fordice signed into law a number of major bills affecting public health.

- **HB 1031 — Health Facilities Licensure Fees:** adjusts fees for MSDH-inspected health care facilities, including hospitals, ambulatory surgical facilities, nursing homes, personal care homes, and home health organizations; first increase in 12 years.
- **SB 2261 — Milk and Frozen Dessert Fees :** adjusts fees for milk and frozen desert processing plants in line with other southeastern states.
- **HB 887 — Assaulting Public Health Workers:** includes public health workers with teachers and law enforcement officials in affording them additional legal protection when assaulted or threatened while on the job.
- **HB 1029 — Bystanding Caregiver Notification:** identifies non-medical or non-emergency personnel who provide assistance at the scene of an accident or injury as “bystanding caregivers” to be informed if exposed to infectious blood or body fluids.
- **HB 1027 — Tuberculosis/HIV Screening in Private Prisons:** requires private (non-Department of Corrections facilities) to adhere to the same testing and notification requirements as for prisoners in state-run or operated facilities.
- **SB 2259 — Telemedicine Practice Regulations:** allows the agency to develop criteria and standards for the use of telemedicine.
- **HB 966 — State Trauma Care Plan:** gives authority to the agency to develop a state-of-the-art infrastructure for trauma care in Mississippi utilizing regional organizations and leadership. Bill includes partial funding for infrastructure and reimbursement for indigent trauma care through a \$5 increase to moving vehicle violations to generate approximately \$2 million per year.
- **SB 2174 — Mississippi Child Health Insurance Program:** authorizes the state to develop a plan to access federal funding to provide medical coverage to uninsured children. Initial state funding was \$3.8 million for FY 1999 at a 16 to 84 percent state-to-federal match ratio to cover children from ages six through 18 up to 133 percent of the federal poverty level which are not eligible for Medicaid.
- **HB 1194 — Health Care Utilization Review:** requires review by a Mississippi-licensed physician when reduction or denial of services may be adverse to the patient or provider.
- **HB 421 — Organ Donations:** provides empowerment language in statute for families to be given informed consent to make decisions for organ procurement from family members.
- **SB 2215 — Optional Insurance Coverage for Diabetes, Mamograms, and/or Immunizations:** mandates that all policies issued to Mississippians be offered optional coverage for diabetes, mamograms, and/or immunizations at additional cost to the insured.

# Mississippi State Board Of Health

Effective June 30, 1998

Represents	Name	Term Expires
District 1	Melvin E. Walker, Southhaven	July 1, 2002
District 1	Shelby C. Reid, MD, Corinth	July 1, 1998
District 2	James V. Ferguson, MD, Greenwood	July 1, 1998
District 2	Lloyd Rose, DDS, Starkville	July 1, 2000
District 3	Mary Kim Smith, Brandon	July 1, 2002
District 3	R. A. Foxworth, DC, Jackson	July 1, 2000
District 4	Thomas L. Kirkland, Jackson	July 1, 2002
District 4	Dott Dillard Cannon, Brookhaven	July 1, 1998
District 5	William K. Ray, Hattiesburg	July 1, 1998
District 5	Kate Nkoyeni Aseme, MD, Hattiesburg	July 1, 2000
State-At-Large	Frank Genzer, Biloxi	July 1, 1998
State-At-Large	H. Allen Gersh, MD, Hattiesburg	July 1, 2000
State-At-Large	Myrtis Franke, Gulfport	July 1, 2002

At the July 1997 meeting, Board members elected Lloyd Rose as chair and Shelby C. Reid as vice chair to serve through June 30, 1998.

## Changes In Regulations

The State Board of Health passed 16 changes in agency regulations during the 1998 fiscal year.

July 9, 1997

- Amended Regulation Governing Individual Onsite Wastewater Disposal — incorporates Design Standard IV, subsurface drip disposal system, deleting from the standard the demand dosing of the system.
- Approved Regulation Governing Bottled Water — includes the new provision of the code of federal regulations to be adopted as Mississippi's regulatory standard, retaining current provisions for permitting bottled water plants, water dealers, and water vending machines.
- Amended Rules and Regulations Governing Emergency Medical Services — updates EMS regulations to reflect changes in medical technology and based on a periodic comprehensive analysis and revision process.
- Approved Regulations Governing Registration of Medical Radiation Technologists — revises the regulations in accordance with the law.
- Adopted the Regulations Governing Psychiatric Hospitals — revises the entire body of regulation for psychiatric hospitals.

## October 8, 1997

- Amended Regulation Governing Individual Onsite Wastewater Disposal — changes Design Standard III to include Section III-C Expanded Polystyrene Aggregate Systems, setting the standards for siting, sizing, construction, and inspection of subsurface disposal systems that use Styrofoam cubes as a replacement for gravel aggregate; also made non-technical changes.
- Adopted Regulation Governing the Manufacture and Sale of Frozen Desserts — accepts responsibility for regulating frozen desserts as transferred from the Department of Agriculture and establishes Food and Drug Administration guidelines as the standard for Mississippi.
- Adopted 1997 FDA Food Code and Repealed Food Service and Retail Food Regulations — established the U. S. Food and Drug Administration model Food Code as the standard for regulation for food service and food vending operations while repealing the Food Service and Retail Food Regulations; also defines “food establishments” and requires each establishment to have a certified manager trained in food safety.
- Amended Regulations Governing Licensure of Speech/Language Pathologists and Audiologists — complies with changes in state law and clarifies the language.

## January 21, 1998

- Amended Regulations Governing Licensure of Occupational Therapists and Occupational Therapy Assistants — clarifies regulations and brings them into compliance with changes in the law.
- Amends Regulations Governing Physical Therapists — clarifies language, particularly in relation to supervision, and changes rules to conform with changes in the law.
- Amends Regulations Governing Licensure of Child Care Facilities — exempts public school facilities that provide “after school care” from stringent playgrounds and playgrounds equipment standards applicable to child care facilities and requires only that those after school care facilities meet Department of Education requirements.
- Amends Regulation Governing the Certification of Municipal and Domestic Water System Operators — follows recommendation by a Waterworks Operators’ Training and Certification Advisory Committee.

## April 8, 1998

- Adopts FY 1999 Mississippi State Health Plan — provides statistical update of all chapters.
- Amends Rules and Regulations Governing Boiler and Pressure Vessels — applies ASME Code CSD-1 national and international standards to boilers in Mississippi and changes inappropriate language as recommended by the Advisory Committee.
- Amends Regulation Governing Individual Onsite Wastewater Disposal — clarifies manhole requirement for fiberglass, polyethylene, and steel septic tanks; adds standards for expanded polystyrene (EPS) aggregate systems.

# Central Office Administrative Staff

Effective June 30, 1998

## State Health Officer

F. E. Thompson, MD, MPH	.576-7634
B. J. Phillips, DrPH, Deputy State Health Officer	.576-7634
Kaye Bender, RN, MS, Office Director	.576-7951
Compliance — Walter Booker	.576-7645
Field Services — Randy Caperton, CPM	.576-7939
Communications and Public Relations —	
NancyKay Sullivan Wessman, MPH	.576-7667
Internal Audit —	.987-4191
Legal Counsel — Sanford R. Horton, Jr., JD	.576-7458
Minority Affairs — Louisa Denson, LSW, MPPA	.576-7950
Policy and Planning — David M. Buchanan, JD	.576-7428
Public Health Nursing — Minta Uzodinma, CNM, MN	.576-7428

## Administrative & Technical Support

Buck Ross, MBA, MPA, Office Director	.576-7635
Administrative Support — Tommy Kent	.576-7558
Finance & Accounts — Anita Sharp	.576-7542
Laboratory — Joe Graves, PhD	.576-7582
Personnel — Pat Klar	.576-7642
Pharmacy — Charles Ray Nix, PhD	.354-6635
System Coordination — Anthony Best	.576-7901

## Health Regulation

B. J. Phillips, DrPH, Office Director	.576-7634
Environmental Health — Ricky Boggan, JD	.576-7680
Licensure — Ingrid Williams, JD	.576-7680
Planning and Resource Development — Harold Armstrong	.576-7874

## Community Health Services

Robert Hotchkiss, MD, Office Director	.576-7725
Mary Jane Coleman, RN, Assistant Office Director	.576-7725
Five Points Clinic — Carol Langley, MD	.987-6728
Health Promotion/Education/Chronic Illness —	
Mary Jane Coleman, RN ( <i>Acting</i> )	.576-7781
Immunization — Joy Sennett, MHS	.576-7751
Public Health Statistics — Nita Gunter	.576-7960
State Epidemiologist — Mary Currier, MD, MPH	.576-7725
STD/HIV — Craig Thompson, BS, MHC	.576-7723
TB Program — Mike Holcombe, MPPA	.576-7700

## Personal Health Services

Child Health — Sam Valentine, MHS	.576-7464
Home Health — David Beck, MPPA	.576-7853
WIC — Curtis Jordan	.987-6730
Women's Health — Hazel Gaines, MS	.576-7464

*The Mississippi State Department of Health central office is located in the Underwood Building at 2423 North State Street, in Jackson, the telephone number is 601/576-7400; the mailing address is P.O. Box 1700, Jackson, Mississippi 39215-1700.*

# Public Health District Staff

As of June 30, 1998

## Northwest Public Health District I

Lovetta Brown, MD, MPH, Director  
 Diane Hargrove, MS, Deputy Director  
 240 Tower Drive, Batesville 38606  
 Telephone 601/563-5603 • Fax 601/563-6307

## Northeast Public Health District II

Robert Hotchkiss, MD, Acting Director  
 Roger Riley, MBA, Deputy Director  
 Post Office Box 199, Tupelo 38802  
 Telephone 601/841-9015 • Fax 601/841-9142

## Delta Hills Public Health District III

Alfio Rausa, MD, Director  
 Charles Blakely, MS, Deputy Director  
 701 Yalobusha Street, Greenwood 38930  
 Telephone 601/453-4563 • Fax 601/453-4592

## Tombigbee Public Health District IV

Thomas Waller, MD, MPH, Director  
 Michael E. Shumaker, Deputy Director  
 Post Office Box 1487, Starkville 39759  
 Telephone 601/323-7313 • Fax 601/324-1011

## West Central Public Health District V

Donald Grillo, MD, Director  
 Charles Blount, MPPA, MBA, Deputy Director  
 Post Office Box 1700, Jackson 39215-1700  
 Telephone 601/987-3977 • Fax 601/987-4185

## East Central Public Health District VI

Margaret Morrison, MD, Director  
 Tommy Williams, Deputy Director  
 Post Office Box 5464, Meridian 39302  
 Telephone 601/482-3171 • Fax 601/484-5051

## Southwest Public Health District VII

Mary Armstrong, MD, Director  
 William Hewitt, Deputy Director  
 Post Office Box 788, McComb 39648  
 Telephone 601/684-9411 • Fax 601/684-0752

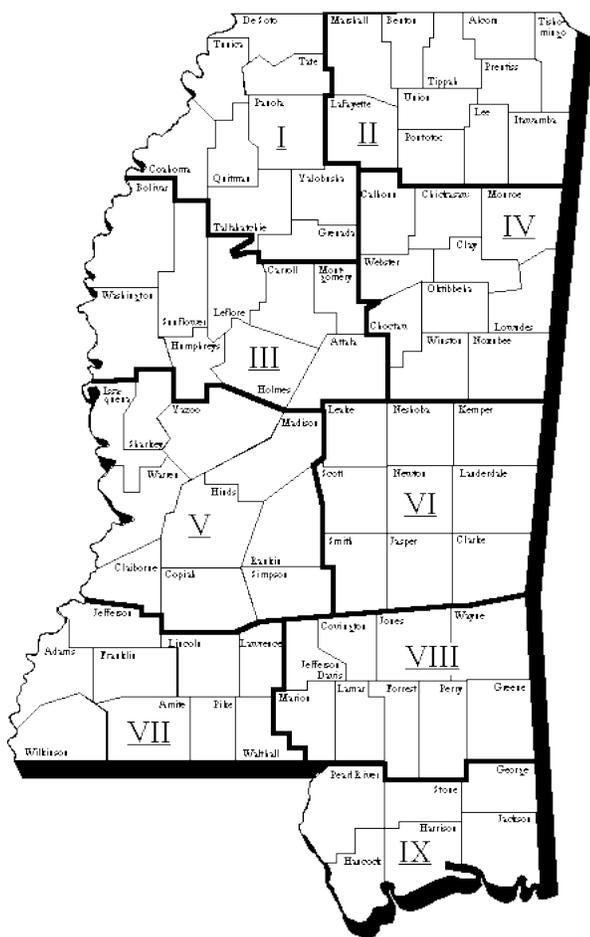
## Southeast Public Health District VIII

Clay Hammack, MD, MPH, Director  
 Charles Daughdrill, Deputy Director  
 602 Adeline Street, Hattiesburg 39401  
 Telephone 601/544-6766 • Fax 601/583-1300

## Coastal Plains Public Health District IX

Robert Travnicek, MD, MPH, Director  
 Kathy Beam, MS, Deputy Director  
 Post Office Box 3749, Gulfport 39505  
 Telephone 228/831-5151 • Fax 228/831-5383

Figure 6  
 Public Health Districts



# County Health Department Directors

As of June 30, 1998

Adams .....	Mary Gayle Armstrong, MD	Leflore .....	Alfio Rausa, MD
Alcorn.....	Robert Hotchkiss, MD (Acting)	Lincoln.....	Mary Gayle Armstrong, MD
Amite.....	Mary Gayle Armstrong, MD	Lowndes.....	Thomas Waller, MD, MPH
Attala.....	Alfio Rausa, MD	Madison.....	Donald Grillo, MD
Benton.....	Robert Hotchkiss, MD (Acting)	Marion.....	Clay Hammack, MD, MPH
Bolivar.....	Alfio Rausa, MD	Marshall.....	Robert Hotchkiss, MD (Acting)
Calhoun.....	Thomas Waller, MD, MPH	Monroe.....	Thomas Waller, MD, MPH
Carroll.....	Alfio Rausa, MD	Montgomery.....	Alfio Rausa, MD
Chickasaw.....	Thomas Waller, MD, MPH	Neshoba.....	Margaret Morrison, MD
Choctaw.....	Thomas Waller, MD, MPH	Newton .....	Margaret Morrison, MD
Claiborne.....	Donald Grillo, MD	Noxubee.....	Thomas Waller, MD, MPH
Clarke.....	Margaret Morrison, MD	Oktibbeha.....	Thomas Waller, MD, MPH
Clay.....	Thomas Waller, MD, MPH	Panola.....	Lovetta Brown, MD, MPH
Coahoma.....	Lovetta Brown, MD, MPH	Pearl River..	Robert Travnicek, MD, MPH
Copiah.....	Donald Grillo, MD	Perry.....	Clay Hammack, MD, MPH
Covington.....	Clay Hammack, MD, MPH	Pike.....	Mary Gayle Armstrong, MD
DeSoto.....	Lovetta Brown, MD, MPH	Pontotoc.....	Robert Hotchkiss, MD (Acting)
Forrest.....	Clay Hammack, MD, MPH	Prentiss.....	Robert Hotchkiss, MD (Acting)
Franklin.....	Mary Gayle Armstrong, MD	Quitman.....	Lovetta Brown, MD, MPH
George.....	Robert Travnicek, MD, MPH	Rankin.....	Donald Grillo, MD
Greene.....	Clay Hammack, MD, MPH	Scott.....	Margaret Morrison, MD
Grenada.....	Lovetta Brown, MD, MPH	Sharkey-Issaquena.....	Donald Grillo, MD
Hancock.....	Robert Travnicek, MD, MPH	Simpson.....	Donald Grillo, MD
Harrison.....	Robert Travnicek, MD, MPH	Smith .....	Margaret Morrison, MD
Hinds.....	Donald Grillo, MD	Stone.....	Robert Travnicek, MD, MPH
Holmes.....	Alfio Rausa, MD	Sunflower.....	Alfio Rausa, MD
Humphreys.....	Alfio Rausa, MD	Tallahatchie.....	Lovetta Brown, MD, MPH
Issaquena-Sharkey.....	Donald Grillo, MD	Tate.....	Lovetta Brown, MD, MPH
Itawamba.....	Robert Hotchkiss, MD (Acting)	Tippah.....	Robert Hotchkiss, MD (Acting)
Jackson.....	Robert Travnicek, MD, MPH	Tishomingo.....	Robert Hotchkiss, MD (Acting)
Jasper.....	Margaret Morrison, MD	Tunica.....	Lovetta Brown, MD, MPH
Jefferson.....	Mary Gayle Armstrong, MD	Union.....	Robert Hotchkiss, MD (Acting)
Jeff Davis .....	Clay Hammack, MD, MPH	Walthall.....	Mary Gayle Armstrong, MD
Jones.....	Clay Hammack, MD, MPH	Warren.....	Donald Grillo, MD
Kemper.....	Margaret Morrison, MD	Washington .....	Alfio Rausa, MD
Lafayette.....	Robert Hotchkiss, MD (Acting)	Wayne.....	Clay Hammack, MD, MPH
Lamar.....	Clay Hammack, MD, MPH	Webster.....	Thomas Waller, MD, MPH
Lauderdale.....	Margaret Morrison, MD	Wilkinson.....	Mary Gayle Armstrong, MD
Lawrence.....	Mary Gayle Armstrong, MD	Winston.....	Thomas Waller, MD, MPH
Leake.....	Margaret Morrison, MD	Yalobusha.....	Lovetta Brown, MD, MPH
Lee.....	Robert Hotchkiss, MD (Acting)	Yazoo.....	Donald Grillo, MD

Equal opportunity  
in employment/services



*Additional copies are available on request to*  
**Communications and Public Relations**  
**Mississippi State Department of Health**  
**Post Office Box 1700**  
**Jackson, Mississippi 39215-1700** *Published 1998*